## **Dental Plans Comparison Chart**

	Delta Dental DHMO	Delta Dental PPO	
		PPO	Non-PPO
Annual Deductible	None	None	\$50 single / \$150 family
Calendar Year Maximum Ins. Pays	None	\$2,000	\$2,000
Preventive Services Exams, X- rays, diagnostic tests, prophylaxis, fluoride, sealants, space maintainers, and palliative care	Co-pays from \$0 -\$50	No charge	No charge up to UCR: \$50 deductible waiver
Basic Services Fillings, endodontics, periodontics, and oral surgery	Co-pays from \$0 -\$365	You pay 10%	You pay 20% of UCR
Major Services Prosthodontic repairs, crowns, inlays, onlys, bridges, and dentures	Co-pays from \$0 -\$365 (additional charges for precious metal or lab fees)	You pay 40%	You pay 50% of UCR
Waiting Period	None	None	
Orthodontia	Child (under age 20): \$1,900 co-pay Adult (over age 20): \$2,100 co-pay	You pay 50% of UCR: insurance pays: \$2,000 lifetime maximum (Children and Adults)	

UCR - Usual, customary and reasonable charges.

## **Vision Plan Summary**

	In-Network	Out-Of-Network
Exams	No charge after \$10 co-pay	Up to \$35 allowance.
Frames	Insurance pays up to maximum of \$100 retail	Insurance pays up to maximum of \$65 retail
Corrective Lenses Single Bifocal Trifocal Lenticular (single vision and multifocal)	No charge No charge No charge	Up to maximum of \$25 Up to maximum of \$35 Up to maximum of \$45 Up to maximum of \$100
Medically Necessary Contact Lenses Insurance Pays	Up to maximum of \$250	Up to maximum of \$250
Non-Medically Necessary Contact Lenses Insurance Pays	Up to maximum of \$135 (in lieu of other vision materials)	Up to maximum of \$100 (in lieu of other vision materials)
Second Pair Benefit	$20\%$ discount from in-network provider's reasonable & customary fees when purchased at the same time as $1_{st}$ pair. Most expensive pair will be considered the $1_{st}$ pair.	Not covered

<sup>&</sup>lt;sup>1</sup> Limited to prescription sunglasses, VDT prescription in lieu of bifocals, safety glasses, occupational and recreational glasses.